

ATTACHMENT 1

COMPLAINT FORM

(for filers who are prisoners without lawyers)

IN THE UNITED STATES DISTRICT COURT
FOR THE Western DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

Jack John C Haman

vs

(Full name of defendant(s))

Dr. Conrad Magno DOS

Clinic: Wisconsin Secure
Program Facility

1101 Morrison Drive, Boscobel, WI 53805-1000

Case Number:

22-cv-245-wmc

(to be supplied by clerk of court)

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2022 MAY -2 AM 10:42
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A. PARTIES

1. Plaintiff is a citizen of WISCONSIN, and is located at
(State)

1101 Morrison Drive, Boscobel, WI 53805-1000
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper).

2. Defendant DR. Conrad Magno (Name)

is (if a person or private corporation) a citizen of Wisconsin (State, if known)

and (if a person) resides at Unknown (Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for WISCONSIN Secure Program Facility (Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

Dr. Magno, my temporary dentist was supposed to pull one tooth. He had great difficulty pulling it after 40 minutes and 8 attempts. Each time he attempted to pull the tooth he reached and poked in ~~mouth~~ recklessly with his fingers and his fingernails ripped open my flesh each time he did this. There was a lot of blood spray and pain each time he did this. I told him after the 4th time he ripped and scratched open my inside-mouth-flesh, to "Not be so reckless." The nurse, ^{Debbie Davis,} ~~Amee~~ ~~Smith~~ was

a witness to these injuries which caused 8 stitches.

These injuries occurred on 2/10/2021 at 16:14:00. The tooth involved was eventually "pulverized" as plan "B" because Dr. Magno said he was unable to pull it out.

My 8 stitches (permanent type) were removed on 2/18/2021. However, this provider failed to immediately follow through with ice and the "ensure" diet as discussed for liquid food.

These events happened here at the dental room of the Health Services Unit at the Wisconsin Secure Program Facility. One other witness, was a Corrections Officer named MR. Godfried who saw my bloodied face while I was in the dentist's patient chair, being operated on.

The other witness was the assistant Ms. Davis (Debbie). She witnessed everything Dr. Magno did including my request for him to stop being reckless.

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is

\$_____.

D. RELIEF WANTED

Describe what you want the court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or stop doing something.

I am claiming \$150,000 for the personal injuries I suffered, mental and physical harm.

E. JURY DEMAND

☐ Jury Demand - I want a jury to hear my case
OR

☒ Court Trial - I want a judge to hear my case

Dated this 28th day of April 2022.

Respectfully Submitted,

Jack John C. Finnemann
Signature of Plaintiff

554778

Plaintiff's Prisoner ID Number

WISCONSIN SECURE PROGRAM FACILITY

1101 Morrison Drive, P.O. Box 1000

Boscobel, WI 53805-1000

(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper).

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FILING FEE

☒ I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a request to proceed in the district court without prepaying the fee and attached it to the complaint.

☐ I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.